

## NORTH CAROLINA PRIVATE PROTECTIVE SERVICES BOARD



1631 Midtown Place • Suite 104 Raleigh, North Carolina 27609

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E-Mail: PPSASL@ncdoj.gov Web Page: http://www.ncdoj.com

## **APPLICATION FOR CHANGE OF COMPANY - PPS TRAINERS**

Instructions: Submit application to the PPS Office along with current wall certificate(s), proof of liability insurance (firearms trainers), and a check in the

amount of \$10.00 for duplicate certification fee (\$20.00 if holder of both Unarmed and Firearms Certifications) made payable to the "Private Protective Services Board."

Name:	First	Middle		Las	Last	
Physical Home Addre	ess:	Street	City	County	State	Zip
Home Mailing Addres	ss (if different):	Post Office Box or Street	City	County	State	Zip
Home Telephone: (	)	Office:	· •	Fax: (		
Social Security Numb	oer:		Date of	Birth:		
		ake positive identification of applicants y result in inaccurate records being assi		E IS VOLUNTARY. However,	failure to provide this info	ormation may result in a
Indicate Certification	s) You Hold (0	Check Box): Unarmed Tra	iner 🗆 Firearm	ns Trainer 🛚		
List Trainer Certificat	ion Numbers 8	Expiration Date, if applicat	ole			
Name of Company P	reviously Emp	loyed With:				
Last Date of Employ	ment with Prev	ious Company:				
Name of New Compa	any under Whi	ch You Are Doing Business:				
Company Physical A	ddress:					
Company i nyoloai i i		Street	City	County	State	Zip
Telephone Number:	( )		Fax	c: ( )		
Company Mailing Ad	dress (if differe	ent): Post Office Box or Stree	t City	County Sta	te Zi	ip
E-mail Address Whe	re You May Be	Contacted By PPS Staff:				
Si	anature				Date	

\*IMPORTANT NOTE CONCERNING FEES/CHECKS: Pursuant to G.S. 25-3-506, a \$25.00 processing fee will be charged for checks submitted to the PPS Board on which payment has been refused due to insufficient funds or the bank account has been closed.